

Hotel Reservation Form

EIASM CONFERENCE 25-28 SEPTEMBER 2014

NH LAGUNA PALACE

Viale Ancona, 2 | 30172 Mestre | ITALY

T. +39 041 8296111 | nhlagunapalace@nh-hotels.com | www.nh-hotels.com

Family Name:	First Name:
Address:	Company:
City and Postal Code:	Country:
Phone:	Fax: Email:

Accompanying Person (s) (if any - please list):

ROOMS	Date check in / check out	
<input type="checkbox"/> Double room sole Use: € 152,00 Number of rooms: _____		
<input type="checkbox"/> Double room: € 167,00 Number of rooms: _____		
REF. COURSE / EDITION :		

The above mentioned daily room rates include buffet breakfast and actual 10 % VAT

Kindly note: Reservations deadline 25TH JULY 2014

AFTER THIS DATE RESERVATION REQUESTS WILL BE SUBJECTED TO AVAILABILITY.

All requests must be accompanied by a credit card number and expiration date to guarantee your room reservation.

Arrival date: Arrival time** Flight nr	Credit Card Information: <input type="checkbox"/> American Express <input type="checkbox"/> Master Card <input type="checkbox"/> Diners Club <input type="checkbox"/> Carta Si
Departure date: Departure time** Flight nr	Credit Card number Expiration date Cardholder signature:

**** Check-in time is from 3.00 pm - Check-out time by 10.00 am**

Hotel Cancellation Policy

Reservations deadline : **25 July 2014**

UP 72HRS PRIOR TO ARRIVAL DATE: no penalty will be charged for cancellations, otherwise 1night fee will be charged directly on your credit card.

NO SHOWS WILL BE CHARGED 100%. EARLY DEPARTURES WILL BE CHARGED 100%

Reservation Office FAX: +39.041 8296124

E-mail: nhlagunapalace@nh-hotels.com

Guest's signature for acceptance and approval: _____

Hotelstamp for reconfirmation